

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32890
 Do not use this space.

REVISED OCT 24 1938

1. PLACE OF DEATH

(a) County Newton Registration District No. 608
 (b) Township E. Benton Primary Registration District No. 6264 Registered No. 31
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Horner

(a) Residence, No. Neosho Missouri P.F.D. # 3. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 23

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1938, to Sept. 12, 1938
 I last saw her alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Typhoid fever
 Date of onset
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Commerce /
 (STATE OR COUNTRY) Oklahoma

FATHER 13. NAME John Evans /
 14. BIRTHPLACE (CITY OR TOWN) Berryville /
 (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Adiline Fitzgerald
 16. BIRTHPLACE (CITY OR TOWN) Springdale
 (STATE OR COUNTRY) Arkansas

17. INFORMANT Mrs. S. O. Collins
 (ADDRESS) Cardin Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Green DATE 9-15-38

19. FUNERAL DIRECTOR (NAME) Corley Thompson
 (ADDRESS) Neosho Missouri

20. FILED Oct. 3, 1938 Ada Collins
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. L. Anderson M. D.
 (Address) Stella

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ROE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state

RECEIVED

District Health Officer No. 6,

District File Number 6-38-291

Date Filed 10/7/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Wally Thompson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Wally Thompson

Licensed Embalmer No. 3259

P. O. Address _____

Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.